

Beach Haven Land Use Board

CHECKLIST

Application shall be submitted to the Land Use Board Secretary no less than twenty-one (21) calendar days prior to the requested meeting date. An application shall not be considered until all the documents listed below have been submitted.

1. _____ Completed original application including all supporting documents separated into six (6) individual packets
2. _____ A PDF electronic version of the completed application emailed to lubsecretary@beachhaven-nj.gov
3. _____ Fees: Application and Escrow fee in two separate checks made payable to the Borough of Beach Haven (see below for fee schedule)
 - A. Subdivision Fees (90-1): <https://ecode306.com/8937882>
 - B. Site Plan Fees (90-2): <https://ecode360.com/8937883>
 - C. Hold-over Fees (90-3): <https://ecode360.com/8937884>
 - D. Variance Fees (90-4): <https://ecode360.com/8937885>

The following must be in 10 calendar days prior to hearing date:

4. _____ Certified list of property owners within 200 feet of subject property from the Tax Collector's Office
5. _____ Certified mail receipts showing postal date stamp from letters sent to property owners
6. _____ Certification in writing from the Tax Collector that all taxes are paid in full for the current quarter.
7. _____ Original Affidavit of Proof of Service
8. _____ Original Affidavit of Publication to Newspapers
9. _____ Original Notice to Property Owners
10. _____ Original Affidavit of Ownership by Business Entity
11. _____ Original Affidavit of Ownership by an Individual
12. _____ One (1) copy of this Checklist
13. _____ Other Reports per Submission Checklist

Should you have any further questions, please feel free to contact me, Lauren Caravano, at the contact information listed below.

Lauren Caravano
Land Use Board Secretary
609-492-0111 ext. 204
lubsecretary@beachhaven-nj.gov



LAND USE DEVELOPMENT APPLICATION

300 Engleside Avenue
Beach Haven, New Jersey 08008
609-492-0111

TO BE COMPLETED BY BOROUGH STAFF ONLY

Date Filed: _____	Docket # _____
Application Fee: _____	Escrow Deposit: _____
Technical Review: _____	Hearing Date: _____

1. SUBJECT PROPERTY: (TO BE COMPLETED BY APPLICANT)

Location: _____
Tax Map: Page: _____ Block: _____ Lot(s): _____
 Page: _____ Block: _____ Lot(s): _____
Dimensions: Frontage: _____ Dept: _____ Total Area: _____
Zoning District: _____

2. APPLICANT:

Name: _____
Address: _____
Phone Number: Local #: _____ Cell #: _____
 Work #: _____ Fax #: _____
Email Address: _____
Applicant is: Corporation _____ Partnership _____ Individual _____
 Other (Please Specify) _____

3. DISCLOSURE STATEMENT:

Pursuant to N.J.S. 40:550-48.1, the names and addresses of all persons owning 10% of the stock in a corporate applicant or 10% interest in any partnership applicant must be disclosed. In accordance with N.J.S. 40:550-48.2 that disclosure requirement applies to any corporation or partnership which owns more than 10% interest in the applicant followed up the chain of ownership until the names and addresses of the non-corporate stockholders and partners exceeding the 10% ownership criterion have been disclosed (Attach pages as necessary to fully comply.)

Name: _____ Address: _____ Interest: _____
Name: _____ Address: _____ Interest: _____

****APPLICANT IS RESPONSIBLE FOR PAYMENT OF ALL PROFESSIONAL REVIEW FEES, INCLUDING THE ENGINEER AND ATTORNEY, ALL ENGINEERING AND LEGAL FEES MUST BE PAID BEFORE CONSTRUCTION OR ZONING PERMITS CAN BE ISSUED. ****

4. If owner(s) is other than the applicant, provide the following information on the owner(s):

Owners Name: _____
Address: _____
Phone Number: Local #: _____ Cell #: _____
Work #: _____ Fax #: _____
Email Address: _____
Relationship of the applicant to the property in question:
Owner: _____ Lessee: _____ Purchaser Under Contract: _____ Other: _____

5. PROPERTY INFORMATION:

Deed restrictions, covenants, casements, rights of way, association by-laws, or other dedication existing or proposed on the property:

Yes (attach copies) _____ No _____ Proposed _____

Note: All Deed Restrictions Covenants, Easements, Rights of Ways, Association By-Laws, or other dedications existing and proposed must be submitted for review.

Site Plan and/or conditional use applicants:

Proposal for: New Structure _____ Expanded Area _____ Alteration _____
Expansion of Structure _____ Change of Use _____ Sign _____
Other (please specify) _____

Has this property been the subject of any prior application(s) to the Planning Board or Zoning Board of Adjustment? Yes _____ No _____

If yes, please attach the dates(s), the relief sought, the disposition of the case and a copy of the Resolution(s).

Is the subject property located on?

A County Road: Yes _____ No _____ A State Road: Yes _____ No _____

Within 200 feet of a Municipal boundary: Yes _____ No _____

Present use of the premises: _____

6. Applicant's Attorney: _____
Address: _____
Phone #: _____ Fax #: _____ Email: _____

7. Applicant's Engineer: _____
Address: _____
Phone #: _____ Fax #: _____ Email: _____

8. Applicant's Planning Consultant: _____
Address: _____
Phone #: _____ Fax #: _____ Email: _____

9. Applicant's Architect:
Address: _____
Phone #: _____ Fax #: _____ Email: _____

10. List any other Expert who will submit a report or testify for the Applicant: (attach additional sheets if necessary)
Name: _____
Field of Expertise: _____
Address: _____
Phone #: _____ Fax #: _____ Email: _____

11. Application Represents a Request for the Following:

SUBDIVISION:

_____ Minor Subdivision Approval
_____ Subdivision Approval ~ Preliminary
_____ Subdivision Approval ~ Final
Number of Lots to be created _____ Number of Proposed Dwelling Units (if applicable) _____
Area and Dimension of each proposed lot: _____

SITE PLAN:

_____ Minor Site Plan Approval
_____ Preliminary Site Plan Approval {Phases (if applicable) _____}
_____ Final Site Plan Approval {Phases (if applicable) _____}
_____ Amendment or Revision to an Approved Site Plan
Area to be disturbed (square feet): _____
Total number of dwelling units: _____
_____ Request for Waiver from Site Plan Review and Approval
Reason for Request: _____

_____ Informal Review
_____ Appeal Decision of an Administrative Officer {N.J.S. 40:55D-70A}
_____ Map or Ordinance Interpretation or Special Question {N.J.S. 40:55D-70B}
_____ Variance Relief (Hardship) {N.J.S. 40:55D-70C (1)}
_____ Variance Relief (Substantial Benefit) {N.J.S. 40:55D-70C (2)}
_____ Variance Relief (OSE) {N.J.S. 40:55D-70D}
_____ Conditional Use Approval {N.J.S. 4Q: SSD-67}
_____ Direct Issuance of a Permit for a Structure in Bed of a Mapped Street, Public Drainage Way or a Flood Control Basin {N.J.S. 4Q: 55D-34}
_____ Direct Issuance of a Permit for a Lot Lacking Street Frontage {N.J.S. 40: 55D-35}

12. Section(s) of Ordinance from which a variance is requested:

13. Waivers Requested of Development Standards and/or Submission Requirements (attach additional pages as needed):

14. Attach a copy of the proposed notice to appear in the Official Newspaper in the Municipality and to be mailed to the owners of all real property as shown on the current tax duplicate, located within the State and within 200 feet in all directions of the property which is the subject of this application.

THE NOTICE MUST SPECIFY THE SECTIONS OF THE ORDINANCE FROM WHICH RELIEF IS SOUGHT (if applicable).

The publication and the service on the affected owners must be accomplished at least 10 days prior to the date scheduled by the Administrative Officer for the hearing.

15. An Affidavit of Service on all property owners and a Proof of Publication must be filed before the Application will be complete and the hearing can proceed.

Explain in detail the exact nature of the Application and the changes to be made at the premises, including the proposed use of the premises (attach pages as needed):

16. Is a public water line available? _____

17. Is a public sanitary sewer available? _____

18. Does the application propose any lighting? _____

19. Have any proposed new lots been reviewed with the Tax Assessor to determine appropriate Block and Lot number? _____

20. Are any off-tract improvements required? _____

21. Is the Subdivision to be filed by Deed or Plat? _____

22. What form of security does the applicant propose to provide as performance and maintenance guarantees? _____

23. Other approvals which may be required and date plans submitted:

	YES	NO	DATE PLANS SUBMITTED
_____ Local Fire Prevention	_____	_____	_____
_____ Beach Haven Water Dept	_____	_____	_____
_____ Beach Haven Sewerage Authority	_____	_____	_____
_____ Beach Haven Public Works Dept.	_____	_____	_____
_____ Long Beach Island Health Dept.	_____	_____	_____
_____ Ocean County Planning Board	_____	_____	_____
_____ Ocean County Soil Conservation Dept.	_____	_____	_____
_____ NJ Dept Environmental Protection	_____	_____	_____
_____ Sanitary Sewer Connection Permit	_____	_____	_____
_____ Sewer Extension Permit	_____	_____	_____
_____ Waterfront Development Permit	_____	_____	_____
_____ Wetlands Permit	_____	_____	_____

			DATE PLANS SUBMITTED
	YES	NO	
Tidal Wetlands			
F.E.M.A.			
NJ Dept. of Transportation			
Atlantic City Electric			
NJ Natural Gas			
Other			
Other			

24. Certification from the Tax collector that all taxes due on the subject property have been paid.

25. List of Maps, Reports and other Materials accompanying the application (attach additional pages as required for complete listing).

****The documentation must be received by the Board Secretary at least twenty-one (21) days prior to the meeting at which the application is to be considered. A list of the Professional Consultants is attached to this application form. ****

Quantity

Description of Item

26. The applicant hereby requests that copies of the reports of the professional staff reviewing the application shall be provided to the following of the applicant's professionals:

Specify which reports are requested for each of the applicant's professionals or whether ALL reports should be submitted to the professionals listed.

	<u>Applicant's Professionals</u>	<u>Reports Requested</u>
	Attorney	
	Engineer	

27. Check Lists Used:

Schedule A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Schedule B	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Schedule C	<input type="checkbox"/> Yes	<input type="checkbox"/> No

28. I hereby certify that the foregoing statements and the materials submitted are true, and waive all applicable time limits until the first pubic hearing of the application. I further certify that I am the individual applicant or that I am an officer of the corporate applicant and that I am authorized to sign the application for the Corporation or that I am a general Partner of the Partnership applicant. *(If the applicant is a Corporation, this **MUST** be signed by an authorized corporate officer. If the applicant is a Partnership, this **MUST** be signed by a General Partner).*

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF OWNER

DATE

29. I, the Developer/Applicant understand that a sum, to be determined by the Administrative Officer, will be deposited into an escrow account in accordance with the Ordinances of the Borough of Beach Haven. I further understand that the escrow account is established to cover the cost of professional services including engineering, planning, legal and/or other expenses associated with the review of submitted materials. Sums not utilized in the review process shall be returned. If additional sums are deemed necessary, I understand that I will be notified of the required additional amount and shall add that sum to the escrow account within fifteen (15) days.

SIGNATURE OF APPLICANT

DATE

BOROUGH OF BEACH HAVEN PROFESSIONAL CONSULTANTS

Land Use Board Attorney

Robert Shinn, Esquire
2 N Union St.
P.O. Box 134
Manahawkin, NJ 08050

609-597-5666
609-597-3832 (FAX)

Land Use Board Engineer/Planner:

Frank J. Little, Jr., P.E., P.P.
Owen Little & Associates
443 Atlantic City Blvd.
Beachwood, NJ 08722

732-244-1090
732-341-3412 (FAX)

Beach Haven Borough Attorney:

Bruce Padula, Esquire
Cleary Giacobbe Alfieri Jacobs, LLC
955 Route 34, Suite 200
Matawan, NJ 07747

732-583-7474
732-290-0753 (FAX)



AFFIDAVIT OF OWNERSHIP BY AN INDIVIDUAL

STATE OF NEW JERSEY:

COUNTY OF OCEAN : SS

_____ of full age, being duly sworn according to law, on oath deposes and says that he or she resides at _____, in the Municipality of Beach Haven, County of Ocean and the State of New Jersey, that he or she is the owner in fee simple, of all that certain lot, tract, or parcel of land, situated, lying and being in the Borough of Beach Haven, Ocean County, State of New Jersey, and known and designated as LOT: _____, BLOCK: _____ and that he or she hereby authorizes and appoints _____ as his or her attorney, in fact, to make the within Application on his or her behalf to the Land Use Board of the Borough of Beach Haven, Ocean County, State of New Jersey.

SIGNATURE OF OWNER/APPLICANT

DATE

SIGNATURE OF OWNER/APPLICANT

DATE

Sworn and subscribed to
Before me this _____ day
Of _____, 20_____.

NOTARY PUBLIC



BOROUGH OF BEACH HAVEN LAND USE BOARD

**300 Engleside Avenue
Beach Haven, NJ 08008**

NOTICE OF HEARING

**** SERVED TO PROPERTY OWNERS WITHIN 200 FEET****

To: _____

Application # _____

PLEASE TAKE NOTICE that the undersigned has filed an Appeal or Application for Development with the Land Use Board of the Borough of Beach Haven, in the County of Ocean, for a

on the premises known as _____
LOT: _____ BLOCK: _____ on the Borough tax map, which is
within 200 feet of the property owned by you. A public hearing has been set for: _____
at 6:00 p.m. on the online platform Zoom, Meeting ID# _____ at which time you may appear
personally or by agent or attorney and present any objections which you may have to the granting of this
application.

Documents are available for inspection at the office of the Land Use Board Secretary, 300 Engleside Ave.,
Beach Haven, New Jersey, during normal business hours.

THIS NOTICE IS BEING SENT TO YOU BY THE APPLICANT, AS IS REQUIRED BY LAW.

Respectfully,

SIGNATURE OF APPLICANT



BOROUGH OF BEACH HAVEN LAND USE BOARD

**300 Engleside Avenue
Beach Haven, NJ 08008**

NOTICE OF HEARING

****NEWSPAPER****

PLEASE TAKE NOTICE that _____
have appealed to the Land Use Board of the Borough of Beach Haven, in the County of Ocean
for a _____

on premises known as _____
LOT: _____ BLOCK: _____ This appeal is Application Number: _____
on the Land Use Board Docket and a public hearing has been ordered for: _____
at 6:00 p.m. on the online platform Zoom, Meeting ID# _____ at which time you
may appear personally or by agent or attorney and present any objections which you may have
to the granting of this application.

Documents are available for inspection at the office of the Land Use Board Secretary, 300
Engleside Ave., Beach Haven, New Jersey, during normal business hours.

Signature of Applicant

Date



BOROUGH OF BEACH HAVEN LAND USE BOARD

**300 Engleside Avenue
Beach Haven, NJ 08008**

AFFIDAVIT OF PROOF OF SERVICE

State of New Jersey

Docket No. _____

County of Ocean SS: _____ of full age, being duly sworn according to law, deposes and says:

That _____ resides at _____, in the Municipality of _____, County of _____ and State of _____ and is the appellant in a proceeding before the Land Use Board of the Borough of Beach Haven in the County of Ocean, having the above Docket Number being an appeal or application regarding property known as LOT: _____ BLOCK: _____, on the Tax Map of the Borough of Beach Haven.

That on _____ gave written notice of the hearing on this application to each and all of the persons upon whom service must be had in the required form and according to the attached lists and in the manner indicated thereon.

SIGNATURE OF APPLICANT

Sworn and subscribed
Before me this _____ day
of _____,
20____.

NOTARY PUBLIC